

## University of Groningen

### **Do breast cancer survivors visit their General Practitioner for psychological problems? Reply to**

Roorda, C.; de Bock, G.H.; Berendsen, A.J.

*Published in:*  
European Journal of Cancer

*DOI:*  
[10.1016/j.ejca.2012.12.031](https://doi.org/10.1016/j.ejca.2012.12.031)

**IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.**

*Document Version*  
Publisher's PDF, also known as Version of record

*Publication date:*  
2013

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

Roorda, C., de Bock, G. H., & Berendsen, A. J. (2013). Do breast cancer survivors visit their General Practitioner for psychological problems? Reply to: Heins et al.: For which health problems do cancer survivors visit their General Practitioner? *European Journal of Cancer*, 49(7), 1791-1792.  
<https://doi.org/10.1016/j.ejca.2012.12.031>

#### **Copyright**

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

#### **Take-down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.



## Letter to the Editor

# Do breast cancer survivors visit their General Practitioner for psychological problems? Reply to: Heins et al.: For which health problems do cancer survivors visit their General Practitioner?

Carriene Roorda<sup>a,b,\*</sup>, Geertruida H. de Bock<sup>b</sup>, Annette J. Berendsen<sup>a</sup>

<sup>a</sup> Department of General Practice, University of Groningen, University Medical Center Groningen, P.O. Box 196, 9700 AD Groningen, The Netherlands

<sup>b</sup> Department of Epidemiology, University of Groningen, University Medical Center Groningen, P.O. Box 30001, 9700 RB Groningen, The Netherlands

### To the Editor,

With keen interest we read the recent article of Heins et al.<sup>1</sup> published in the European Journal of Cancer. The authors examined reasons for increased primary health care use among patients with breast, prostate and colorectal cancer 2–5 years after diagnosis, when compared to non-cancer controls. They concluded that primary health care use in cancer survivors is mainly higher for common acute symptoms, such as back or abdominal pain and common infections. Furthermore, they concluded that the number of General Practitioner (GP) contacts related to psychosocial problems is also slightly increased in cancer survivors, but is not a major cause for the increase in health care use. However, breast cancer patients had more contacts with the GP for sleep problems and depression than controls.

In a recently published study,<sup>2</sup> we observed increased primary health care utilisation among breast cancer survivors. Just as in the study of Heins et al. diseases and symptoms were coded using the ICPC-I (International Classification of Primary Care). As GPs might have

recorded the cancer diagnosis in consultations, instead of the diagnostic code for psychological problems, we examined prescribed medication classified according to the ATC (Anatomical Therapeutic Chemical) system. We found that during the first year of the follow-up period (starting 1 year post diagnosis), more patients than controls had face-to-face contacts for psychological reasons, while frequencies of women prescribed nervous system drugs (e.g. analgesics and psycholeptics) remained higher among patients until the third year of the follow-up period. Also, an increased prescription of psychotropic medication was found in breast cancer patients treated with endocrine therapy.<sup>3</sup> In another study among long-term survivors of breast, colorectal and prostate cancer, there were no differences in consultation behaviour for depression and anxiety compared to controls, but breast cancer survivors were more likely to receive at least one prescription for an antidepressant.<sup>4</sup> These findings are supported by studies on the long-term psychological impact of breast cancer and its treatment.<sup>5,6</sup>

Based on the results of all studies, we do not agree with the conclusion of Heins et al. that psychosocial problems are not a major cause for the increase in primary health care use among breast cancer survivors. As they did not examine prescribed medication they might underestimate health care use for psychological

\* Corresponding author: Address: Department of General Practice, University of Groningen, University Medical Center Groningen, P.O. Box 196, 9700 AD Groningen, The Netherlands. Tel.: +31 50 3632969; fax: +31 50 3632964.

E-mail address: [c.roorda-lukkien@umcg.nl](mailto:c.roorda-lukkien@umcg.nl) (C. Roorda).

problems. Furthermore, their finding that breast cancer patients had more contacts with the GP for sleep problems and depression than controls is in line with the other studies.

### Conflict of interest statement

None declared.

### References

1. Heins MJ, Korevaar JC, Rijken PM, Schellevis FG. For which health problems do cancer survivors visit their general practitioner?. *Eur J Cancer* 2013;**49**(1):211–8.
2. Roorda C, Berendsen AJ, Groenhof F, van der Meer K, de Bock GH. Increased primary healthcare utilisation among women with a history of breast cancer. *Support Care Cancer* 2012. <http://dx.doi.org/10.1007/s00520-012-1609-2>.
3. de Bock GH, Musters RF, Bos HJ, Schroder CP, Mourits MJ, De Jong-van den Berg LT. Psychotropic medication during endocrine treatment for breast cancer. *Support Care Cancer* 2012;**20**(7):1533–40.
4. Khan NF, Ward AM, Watson E, Rose PW. Consulting and prescribing behaviour for anxiety and depression in long-term survivors of cancer in the UK. *Eur J Cancer* 2010;**46**(18):3339–44.
5. Kornblith AB, Herndon 2nd JE, Weiss RB, et al. Long-term adjustment of survivors of early-stage breast carcinoma, 20 years after adjuvant chemotherapy. *Cancer* 2003;**98**(4):679–89.
6. Mehnert A, Koch U. Psychological comorbidity and health-related quality of life and its association with awareness, utilization, and need for psychosocial support in a cancer register-based sample of long-term breast cancer survivors. *J Psychosom Res* 2008;**64**(4):383–91.